

**APPLICATION DATA SHEET**

**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: SWITCHING DEVICE MODULE

Attorney Docket Number:: 1034456-000044

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Harri

Middle Name::

Family Name:: MATTLAR

Name Suffix::

City of Residence:: Iskmo

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Jungsundsvägen 809

City of Mailing Address:: Iskmo

State or Province of Mailing Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing Address:: FI-65760

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Rainer

Middle Name::

Family Name:: KOLMONEN

Name Suffix::

City of Residence:: Laihia

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Urputie 3 As 1

City of Mailing Address:: Laihia

State or Province of Mailing  
Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing  
Address:: FI-66400

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Juho

Middle Name::

Family Name:: SALO

Name Suffix::

City of Residence:: Vaasa

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Huuhkajankatu 19 a 2

City of Mailing Address::	Vaasa
State or Province of Mailing Address::	
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Address::	FI-65320
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Osmo
Middle Name::	
Family Name::	PIKKALA
Name Suffix::	
City of Residence::	Sundom
State or Province of Residence::	
Country of Residence::	Finland
Street of Mailing Address::	Kronvikintie 323
City of Mailing Address::	Sundom
State or Province of Mailing Address::	
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Address::	FI-65410
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity

Given Name:: Aki  
Middle Name::  
Family Name:: SUUTARINEN  
Name Suffix::

City of Residence:: Vaasa

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Pihkatie 12 A 5

City of Mailing Address:: Vaasa

State or Province of Mailing  
Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing  
Address:: FI-65320

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Jarkko

Middle Name::

Family Name:: ALANEN

Name Suffix::

City of Residence:: Ylihärmä

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Koukkuluomantie 301

City of Mailing Address:: Ylihärmä

State or Province of Mailing Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing Address:: FI-62375

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Martti

Middle Name::

Family Name:: TUONONEN

Name Suffix::

City of Residence:: Vaasa

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Fasaaninkatu 2 A 2

City of Mailing Address:: Vaasa

State or Province of Mailing Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing Address:: FI-65370

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage	PCT/FI2005/000026	01/18/05

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Finland	20040071	01/19/04	Yes

## **Assignee Information**

Assignee Name::	ABB OY
Street of Mailing Address::	Strömbergintie 1
City of Mailing Address::	Helsinki
State or Province of Mailing Address::	
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Address::	FI-00380